

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		2/2/99
O.I.P.E. CLASSIFIER	EW	3L	2/3
FORMALITY REVIEW	KS	7172	2-9

INDEX OF CLAIMS

✓ Rejected
 Allowed
 (Through numeral) ... Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	2-20-04
2	8-01
3	2-02
4	7-02
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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